

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000024443

1. Entity Name

HOMESOUTH MORTGAGE CORPORATION

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90236 004 ***150.00

Principal Place of Business

~~10461 DEERWOOD PARK BLVD~~
~~BLDG 200-STE 250~~
~~JACKSONVILLE FL 32256~~
~~US~~

Mailing Address

~~10461 DEERWOOD PARK BLVD~~
~~BLDG 200-STE 250~~
~~JACKSONVILLE FL 32256~~
~~US~~

2. Principal Place of Business

13500 Sutton Park Dr. So.

Suite, Apt. #, etc.

SUITE 803

City & State

Jacksonville, FL

Zip

32224

Country

US

3. Mailing Address

13500 Sutton Park Dr. So.

Suite, Apt. #, etc.

803

City & State

Jacksonville, FL

Zip

32224

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3369888

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DELVECCHIO, JAMES P

4450 RICHMOND PARK DRIVE EAST
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

Name

DELVECCHIO, JAMES P.

Street Address (P.O. Box Number is Not Acceptable)

4460 HODGES RD. #204

City

Jacksonville

FL

Zip Code

32224

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-8-01

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME PSTD
STREET ADDRESS DELVECCHIO, JAMES P
CITY-ST-ZIP 4460 HODGES RD. #1002
JACKSONVILLE FL 32224

TITLE ☐ Delete

NAME VICE PRESIDENT
STREET ADDRESS JACKIE M. BOWLING
CITY-ST-ZIP 10 CAT RD.
PONTE VEDRA BCH, FL 32082

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 4460 HODGES RD #204
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME VICE PRESIDENT
STREET ADDRESS JACKIE M. BOWLING
CITY-ST-ZIP 10 CAT RD.
PONTE VEDRA BCH, FL 32082

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)